

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Bria of Forest Edge		STREET ADDRESS, CITY, STATE, ZIP CODE 8001 South Western Avenue Chicago, IL 60620	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observation, interviews, and record review the facility failed to follow medication administration policy on documenting inhaler medication ordered by physician; failed to observe proper time in administering inhaler medication; and failed to follow respiratory care plan to administer medication as ordered by physician. These failures apply to 1 out of 3 residents (R2) for a total sample of 3 residents reviewed for pharmaceutical services. Potential effect of these failures involved 1 resident (R2) diagnosed with COPD that needs inhaler medication to address symptoms of disease.</p> <p>Findings include:</p> <p>R2 is [AGE] years old, admitted initially on 03/03/2023. R2's primary diagnosis dated 3/6/2023 is chronic obstructive pulmonary disease (COPD). Per CDC (Centers for Disease Control and Prevention) Chronic obstructive pulmonary disease (COPD) prevents airflow to the lungs, causing breathing problems. It is a leading cause of death in the United States.</p> <p>On 5/14/2024 at 11:40 AM, R2 was seen lying on his bed, alert and able to express thoughts within topic. R2 was asked if he receives his inhaler multiple times. R2 replied, I received it one time every day.</p> <p>Per physician order dated 2/12/2024, R2 was ordered to received Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG per ACT two puffs inhale orally every four (4) hours related to COPD.</p> <p>Medication Administration Record (MAR) for R2 for the months of March, April and May 2024 show multiple days were not recorded as medication being administered.</p> <p>On 5/15/2024 at 12:40 PM, V2 (Director of Nursing) stated during medication administration nurses must observe the five rights of the patient including right medication, right time, and right dose. V2 said, nurses should document on the MAR (Medication Administration Record) every time a medication is administered. Nurses should sign the MAR and document every time they give medication. V2 said there must be a sign or a number code to determine if the medication is given or not. If there is no sign or code, the facility cannot determine if the medication was given, or if it was refused.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/2024 at 12:56 PM, V6 (Licensed Practical Nurse) was informed that medication administration of R2's inhaler scheduled at 2:00 PM will be reviewed. V6 stated she already gave the medication for 2:00 PM. When asked why she (V6) gave it earlier than an hour before, V6 said that it was a few minutes before it 1:00 PM and she should have waited. V6 was asked what time she gave the morning schedule for R2's inhaler. V6 replied, I gave it at 8:00 AM. V6 was asked why she gave it 2 hours earlier than scheduled. V6 replied that she thought the schedule was 9:00 AM. V6 then checked electronic medication administration record (eMAR) for the schedule. V6 said, I was wrong, it is scheduled at 10:00 AM not 9:00 AM. I will inform the doctor. V2 stated that the facility follows one hour before, and one hour after rule in administering medication.</p> <p>Plan of care for R2 on respiratory care dated 2/12/2024 reads: R2 has potential for difficulty in breathing related to COPD. Interventions include administer medication or treatment as ordered.</p> <p>Facility policy on Medication Administration dated 4/2024, reads: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Verify that medication is being administered at the proper time, in the prescribed dose, and the correct route. Document as each medication is prepared on the MAR (Medication Administration Record). If the medication is not given as ordered, document the reason on the MAR (Medication Administration Record).</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observation, interviews, and review of the facility failed to maintain dishwasher equipment in clean condition; failed to maintain testing strips used to determine concentration of solution in the three-compartment sink. Dishwasher and three-compartment sinks are used to sanitize dishes and utensils used by residents during mealtime. Failures have the potential to affect all 190 residents that are taking food by mouth.</p> <p>Findings include:</p> <p>On [DATE] at 1:06 PM, V3 (Dietary Manager) was asked what the kitchen staff used to determine concentration of solution when cleaning or sanitizing dishes and utensils used by residents. V3 replied, We have strips to determine solution concentration. V3 then reached up on the top of the shelf-like structure above the three-compartment sink and grabbed a cylindrical clear plastic container. Inside were strips within a paper that showed labels had expiration date of [DATE]. V3 was informed that the strips are expired more than two years ago. V3 stated that he did not know that the strips were expired. V3 stated that kitchen staff cannot use an expired strip that had expired two years ago. V3 said, I understand what you mean. This strip is available for kitchen staff to use and is expired. I will make sure to get a new strip that is not expired. V3 stated he may have a strip that are not expired in his office. V3 said, But he understands that it should not be used by staff because it was expired.</p> <p>At the dishwasher area, metal surface of the dishwasher was seen with accumulation of whitish grey dirt dried up all over the metal surrounding the dishwasher machine. V3 was asked when the last time dishwasher was cleaned. V3 stated that an outside vendor comes to do maintenance every other month. V3 stated that he does not know if there was deep cleaning or regular cleaning done but that dishwasher needs to be clean on a daily basis by kitchen staff. V3 then asked another kitchen staff to clean the dishwasher. V1 (Assistant Administrator) was informed that per V3 outside vendor comes to do maintenance every other month. There was no cleaning schedule established for cleaning equipment including dishwasher. V1 stated that he will take care and clean dishwasher today.</p> <p>Per facility currently one resident does not take food by mouth.</p> <p>Facility policy on equipment dated ,d+[DATE] reads:</p> <p>As a policy all foodservice equipment will be clean, sanitary, and in proper working order. Under procedure, all equipment will be routinely cleaned and maintained in accordance with manufacturer's direction and training materials.</p>		